Table

Quarters	% Antibiotics within 60 min
Jan-Mar 2011	5%
Apr-June 2011	65%
July-Sept 2011	93%
Oct-Dec 2011	94%
Jan-Mar 2012	100%
Apr-June 2012	92%
July-Sept 2012	100%

infection due to neutropenia and need prompt administration of antibiotics. Therefore, early intervention with antibiotic administration is thought to decrease patient mortality. To ensure early intervention, the reduction of the amount of time between patient arrival to the outpatient clinic and administration of antibiotics within 60 minutes for all patients who are known or suspected to be neutropenic or immune-compromised is considered to be critical.

Methods: A Plan, Do, Study, Act model adopted by a multidisciplinary Hematology/Oncology ambulatory team was utilized to develop and implement a process ensuring antibiotic administration within 60 minutes of arrival. Identification of key drivers, believed to be essential to the success of the process, directed the development of interventions. The interventions focused on team communication and awareness, staff and family education, utilization of timers, and patient pre-registration.

Results: The baseline amount of time from patient arrival to administration of antibiotic was 125 minutes. Over a four month period this time was reduced to less than 60 minutes. These results have been sustained at <90% over the last 15 months.

Conclusion: Expedient antibiotic administration is vital in the pediatric bone marrow transplant and immune compromised patient population. Further review is being conducted to determine what impact antibiotic administration within one hour has on overall patient outcomes. Having a process in place for early recognition and treatment are key to implementing best practice. Continuing to evaluate the process and examining failures and applying lessons learned are also drivers to sustaining compliance.

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Transitioning Nurse-to-Nurse Report to the Bedside

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Purpose: Increase patient and family participation in care by inviting them to be a part of the nurse-to-nurse report process.

Background: Patient and Family Centered Care principles are incorporated into nursing care at C.S. Mott Children's Hospital in the University of Michigan Health System. The new Children's Hospital opened in December of 2011. The Adult Bone Marrow Transplant unit moved to join the children's Bone Marrow Transplant program and clinic. Current practices in the children's hospital involve family participation in report, but the adult units are just starting to hear about Patient and Family Centered Care Principles. The Adult Bone Marrow Transplant unit was the first adult unit to adopt these practices.

Method: We created a nurse-to-nurse report model based on current literature showing the benefits of this method. The idea was introduced to the staff with a series of short Powerpoint presentations to familiarize them with concept and rationale. We identified staff "Superusers" to promote staff buy-in and compliance. Education materials were developed for patients and families, and gave them a chance to opt in or out of the process. PFCC committee members and unit leadership were on hand during the transition period for reinforcement.

Results: Results will be measured through decrease in communication related incident reports, higher patient satisfaction reports through discharge surveys, higher staff satisfaction through employee engagement results and decrease in patient falls. The results of this study can be used throughout the health system and other health systems to guide nurses as they incorporate patient and family centered care.

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Development of Nurse Educator Role to Improve Nurse Education and Promote Nurse Retention

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Background: It requires vast amounts of education and clinical skills to be a successful BMT nurse. With the expansion of the BMT program, the inpatient BMT unit has experienced rapid growth requiring an increase of nursing staff by 30% in 2012.

Intervention: To help improve the education level of all RN staff, on-board new nursing staff, and improve retention, the facility leadership created a BMT Nursing Education Specialist role. The Education Specialist serves as a role model, consultant, change agent and facilitator in assessing learning needs and in planning, implementing, and evaluating educational activities for new hires as well as current staff. Many new education programs were implemented by the Education Specialist. The BMT Clinical Curriculum was created to educate on the complex treatments and nursing care required for this patient population. The new hire orientation program was revised. All new hires are given custom orientation binders that include unit checklists, annual and unit specific competencies, a resource manual, and an individualized orientation map created specifically for their experience and skill level. All new hires meet weekly with the Education Specialist to evaluate progress and develop goals for the remainder of orientation. In addition, the Education Specialist works diligently to promote education for current nursing staff. Unit specific continuing education bulletin boards, Hot Topic newsletters, a unit specific competency fair, monthly staff skill improvement lab, and one-on-one individualized education is provided.

Outcome: Twenty eight RN's have been hired in 2012 with ten open positions remaining. New hire RN's report that their custom orientation, one on one support from the BMT Educator, and educational programs helped with the transition into the complex BMT unit. The Education Specialist has been able to bridge the gap for a multitude of RN's with varying experience levels to be successful BMT RN's.

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Bridging the Silos: Utilizing the Lean Model Rapid Improvement Event to Improve the Mobilization Process

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